U170000 57185

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only

ij



500289871345

09/06/16--01039--029 **25.00

16 SEP -6 PH 4: 80

SEP 0 8 2016 Y SULKER



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

| | limited liability company as i Dendoe Collective, LLC | t appears on the records of the Florida Department |
|-----------------------------------|--|--|
| 2. The Florida doc L1300005318 | | igned to this limited liability company is: |
| 4. I, | | med or will withdraw/resign is: 01/01/2016 , hereby withdraw/resign as a |
| | | limited liability company has been notified of my |
| Keifle | issociating Member or Resign | ng Manager |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | |

COVER LETTER

| TO: | Registration Section | | | | | |
|----------------------------|---------------------------------|--|----------------------|--|--|--|
| | Divis | sion of Corporations | | | | |
| SUBJI | ECT: The Dendoe Collective, LLC | | | | | |
| | | (Name of Limited Liability Company) | | | | |
| The er | nclosed | I member, resignation or disso | ciation and fee(s | s) are submitted for filing. | | |
| Please | return | all correspondence concerning | g this matter to: | | | |
| Kevin | Nasc | 0 | | | | |
| | | (Contact Person) | | _ | | |
| | | (Firm/Company) | | _ | | |
| 295 V | V 62 S | Street | | | | |
| | | (Address) | | _ | | |
| Hiale | ah, FL | . 33012 | | | | |
| | | (City/State and Zip Code) | · · · · · · | - | | |
| For fu | rther ir | nformation concerning this mat | ter, please call: | | | |
| Kevin | Nasc | o | 786 at (| 527-5563 | | |
| | (N | ame of Contact Person) | | & Daytime Telephone Number) | | |
| | sed ple Filing | ase find a check made payable ; Fee | | Department of State for: g Fee & Certified Copy | | |
| | | OURIER ADDRESS: | | MAILING ADDRESS: | | |
| Registration Section | | | Registration Section | | | |
| | | | | Division of Corporations | | |
| U | | | | P.O. Box 6327 | | |
| Tallahassee, Florida 32301 | | | | Tallahassee, Florida 32314 | | |

CR2E079 (2/14)